

For Office Use Only			
Date rec'd:	Check #		
Amount:	Permit #:		
Rec'd from:			

## **MAJOR INSTALLATION** PERMIT APPLICATION FOR UNDERGROUND STORAGE TANKS

Where is the work being conducted?		Facility Owner inform	Facility Owner information		
Facility Name:		Name:	T		
Physical address:		Mailing address:	Mailing address:		
City:		City:	City:		
Zip:		State:	Zip:		
Phone:	Fax:	Phone:	Fax:		
Facility ID Number:					
Date of proposed work					
·	spector				
When in operation, fac	cility is:				
Attended full-time					
Attended part-time	or not attended				
	A PERMIT FOR (CHECK ALL	_ THAT APPLY):			
	ly(Attach Supplement A)				
•	y (Attach Supplement B)				
•	Ilation (Attach Supplement C) lining, or investigation (Attach				
	protection (Attach Suppleme				
	groundwater monitoring wells	•			
		,			
Loortify that the infam	nation contained in this app	lication is true and corre	ct, and that I am authorized		
	ne proposed action(s).			to	
request a permit for the Applicant Signature:			Date:	to	

Permit Review Fee:	
Tank installation: \$100/permit + \$.02 x total gallons	
Piping only: \$50 for <= 50 feet of piping, \$100 for >50 feet of piping	
Repairs, modifications, lining, addition of monitoring wells or cathodic protection, leak investigation: \$100/permit	
Inspection Fee deposit: \$90 min	
TOTAL Permit review fee (maximum \$750)	

## **Mail Completed Applications to:**

Department of Environmental Quality Waste & Underground Tank Mgmt Bureau PO Box 200901

Helena, MT 59620-0901

Phone: (406) 444-5300 Fax: (406) 444-1374

This application alone is not sufficient information—supplemental forms **must** be submitted!